

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. 101771396 | FILING DATE | |
|---|----------|-----|---------------------|-----|---------------------|-----|----------------------|-------------|-----|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | |
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